

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED ZHU, DAN		VOUCHER NUMBER																																																																								
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:05-000048-001		5. APPEALS DKT./DEF. NUMBER																																																																								
7. IN CASE/MATTER OF (Case Name) U.S. v. ZHU	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																								
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1324.F -- BRINGING IN AND HARBORING CERTAIN ALIENS																																																																											
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services costing over \$500)																																																																											
Signature of Attorney <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization		Date																																																																									
Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.																																																																											
FILED DISTRICT COURT OF GUAM NOV - 7 2005 MARY L.M. MORAN CLERK OF COURT																																																																											
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)		14. TYPE OF SERVICE PROVIDER <table> <tr><td>01 <input type="checkbox"/></td><td>Investigator</td><td>20 <input type="checkbox"/></td><td>Legal Analyst/Consultant</td></tr> <tr><td>02 <input checked="" type="checkbox"/></td><td>Interpreter/Translator</td><td>21 <input type="checkbox"/></td><td>Jury Consultant</td></tr> <tr><td>03 <input type="checkbox"/></td><td>Psychologist</td><td>22 <input type="checkbox"/></td><td>Mitigation Specialist</td></tr> <tr><td>04 <input type="checkbox"/></td><td>Psychiatrist</td><td>23 <input type="checkbox"/></td><td>Duplication Services (See Instructions)</td></tr> <tr><td>05 <input type="checkbox"/></td><td>Polygraph Examiner</td><td>24 <input type="checkbox"/></td><td>Other (specify) _____</td></tr> <tr><td>06 <input type="checkbox"/></td><td>Documents Examiner</td><td></td><td></td></tr> <tr><td>07 <input type="checkbox"/></td><td>Fingerprint Analyst</td><td></td><td></td></tr> <tr><td>08 <input type="checkbox"/></td><td>Accountant</td><td></td><td></td></tr> <tr><td>09 <input type="checkbox"/></td><td>CALR (Westlaw/Lexis,etc)</td><td></td><td></td></tr> <tr><td>10 <input type="checkbox"/></td><td>Chemist/Toxicologist</td><td></td><td></td></tr> <tr><td>11 <input type="checkbox"/></td><td>Ballistics Expert</td><td></td><td></td></tr> <tr><td>13 <input type="checkbox"/></td><td>Weapons/Firearms/Explosive Expert</td><td></td><td></td></tr> <tr><td>14 <input type="checkbox"/></td><td>Pathologist/Medical Examiner</td><td></td><td></td></tr> <tr><td>15 <input type="checkbox"/></td><td>Other Medical Expert</td><td></td><td></td></tr> <tr><td>16 <input type="checkbox"/></td><td>Voice/Audio Analyst</td><td></td><td></td></tr> <tr><td>17 <input type="checkbox"/></td><td>Hair/Fiber Expert</td><td></td><td></td></tr> <tr><td>18 <input type="checkbox"/></td><td>Computer (Hardware/Software/Systems)</td><td></td><td></td></tr> <tr><td>19 <input type="checkbox"/></td><td>Paralegal Services</td><td></td><td></td></tr> </table>		01 <input type="checkbox"/>	Investigator	20 <input type="checkbox"/>	Legal Analyst/Consultant	02 <input checked="" type="checkbox"/>	Interpreter/Translator	21 <input type="checkbox"/>	Jury Consultant	03 <input type="checkbox"/>	Psychologist	22 <input type="checkbox"/>	Mitigation Specialist	04 <input type="checkbox"/>	Psychiatrist	23 <input type="checkbox"/>	Duplication Services (See Instructions)	05 <input type="checkbox"/>	Polygraph Examiner	24 <input type="checkbox"/>	Other (specify) _____	06 <input type="checkbox"/>	Documents Examiner			07 <input type="checkbox"/>	Fingerprint Analyst			08 <input type="checkbox"/>	Accountant			09 <input type="checkbox"/>	CALR (Westlaw/Lexis,etc)			10 <input type="checkbox"/>	Chemist/Toxicologist			11 <input type="checkbox"/>	Ballistics Expert			13 <input type="checkbox"/>	Weapons/Firearms/Explosive Expert			14 <input type="checkbox"/>	Pathologist/Medical Examiner			15 <input type="checkbox"/>	Other Medical Expert			16 <input type="checkbox"/>	Voice/Audio Analyst			17 <input type="checkbox"/>	Hair/Fiber Expert			18 <input type="checkbox"/>	Computer (Hardware/Software/Systems)			19 <input type="checkbox"/>	Paralegal Services		
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15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.		Signature of Presiding Judicial Officer or By Order of the Court																																																																									
Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																											
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT																																																																								
a. Compensation																																																																											
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																											
c. Other Expenses																																																																											
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS																																																																											
TIN: _____ Telephone Number: _____																																																																											
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.																																																																											
Signature of Claimant/Payee: _____		Date: _____																																																																									
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.																																																																											
Signature of Attorney: _____		Date: _____																																																																									
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED																																																																								
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.																																																																											
Signature of Presiding Judicial Officer		Date	Judge/Mag. Judge Code																																																																								
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED																																																																								
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)																																																																											
Signature of Chief Judge, Court of Appeals (or Delegate)		Date	Judge Code																																																																								